

## INSTRUCTIONS TO FILL OUT AND SUBMIT THE CERTIFCATE OF RELIGIOUS EXEMPTION FOR BLOOD LEAD TESTING

<u>BEFORE</u> you complete the Certificate of Religious Exemption for Blood Lead Testing in the second page, read the requirements on it to make sure your child meets such requirements. If he/she does not meet them, DO NOT COMPLETE the Religious Certificate Exemption for Blood Lead Testing.

If he/she does, read the instructions below to complete and submit the certificate.

## This exemption certificate has three sections:

- 1. Name of the child and date of birth
- 2. Parent or legal guardian information (Name, address, signature, and date of theapplication)
- 3. Public notary information (State and county, signing date, stamp, name of the public notary, title, and commission expiration date)

**INSTRUCTIONS:** Fill out your child's section and yours by printing each of the lines clearly. Have a public notary fill out their section with their respective stamp/seal. Once being notarized, submit a copy of the certificate to your child's school and to the following address:

Lucas State Office Building Iowa Department of Public Health Attn: Rossany Brugger (5<sup>th</sup> floor) 321 East. 12 St. Des Moines, IA 50319

IDPH will add the name of your child to IDPH's data base of children who received the Exemption of Blood Lead Testing for Religious reasons.

**IMPORTANT:** Please provide the exact last, first and middle name, and the date of birth of your child, as you did or will do at your child's school. If you misspell their name or date of birth at either, the school registration or in this certificate, your child may not be found in our records and you may be asked to have your child tested.

If you have questions or concerns, please contact <u>Rossany.brugger@idph.iowa.gov</u> or call at (515) 281-3225 or at (800) 972-2026.



## **Child Name**

Last:	First:	Middle:	Date of	Birth:
A religious exer sincere religiou the minor's par attesting that t	mption may be granted to a s belief. A Certificate of a B rent or guardian or legally a he blood lead testing conflic s, and not based merely on	an applicant only if a blood lood Lead Test Exemption uthorized representative. E ts with a genuine and since	lead test conflicts w for religious reasons By signing this certific ere religious belief an	ith a genuine and shall be signed by cate, you are ad that the belief is
poisoning in ch blood tested. I consequences	r guardian of the above-nan ildren. I understand that th understand my refusal to a for my child's future develop d poisoning if exposed to lea	e only way to know if my c llow my child to be tested oment. I understand a chile	child is lead-poisoned for lead poisoning co	is to have his or he ould have significan
	form, I acknowledge the in Public Health on blood lead		esources available at	the Iowa
The Certificate	of Blood Lead Test Exempt	ion for religious reasons is	valid only when nota	arized.
Name (Print):				
		Parent or legal guardian		
Address:				
Hous	se/Apt. No.	Street	City	Zip code
Signature:	Parent or legal g		Date:	
	Parent or legal g	uardian		
<i>A Certificate of</i> I	ery Low Risk Exemption	is valid only when sign	ed and sealed by a	a public notary.
State of	County	/ of		
This document	was acknowledged before r	no on		
This document	was acknowledged before n	ile on	Date	
by				Stamp or Seal
N	lame(s) of Person(s)			
Signature of Pu	ıblic Notary:			
Title (or Rank f	or Military Personnel):			
My commission	expires:		_	